2019 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Retiree on Basic Plan A	\$812.06	\$16.24	\$828.30
Retiree & 1 dependent on Basic Plan A	\$1,624.10	\$32.48	\$1,656.58
Retiree & 2 or more dependents on Basic Plan A	\$2,436.18	\$48.72	\$2,484.90
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Retiree on Basic Plan B	\$900.19	\$18.00	\$918.19
Retiree & 1 dependent on Basic Plan B	\$1,800.37	\$36.01	\$1,836.38
Retiree & 2 or more dependents on Basic Plan B	\$2,700.56	\$54.01	\$2,754.57
KAISER PERMANENTE - BASIC PLAN A			
Retiree on Basic Plan A	\$877.30	\$17.55	\$894.85
Retiree & 1 dependent on Basic Plan A	\$1,754.60	\$35.09	\$1,789.69
Retiree & 2 or more dependents on Basic Plan A	\$2,631.90	\$52.64	\$2,684.54
KAISER PERMANENTE - BASIC PLAN B			
Retiree on Basic Plan B	\$697.28	\$13.95	\$711.23
Retiree & 1 dependent on Basic Plan B	\$1,394.56	\$27.89	\$1,422.45
Retiree & 2 or more dependents on Basic Plan B	\$2,091.84	\$41.84	\$2,133.68
KAISER HIGH DEDUCTIBLE			
Retiree on Basic Plan	\$559.68	\$11.19	\$570.87
Retiree & 1 dependent on Basic Plan	\$1,119.36	\$22.39	\$1,141.75
Retiree & 2 or more dependents on Basic Plan	\$1,679.04	\$33.58	\$1,712.62
TEAMSTERS 856 TRUST FUND KP HEALTH PLAN	·		
Retiree on Basic Plan	\$720.00	\$14.40	\$734.40
Retiree & 1 dependent on Basic Plan	\$1,369.00	\$27.38	\$1,396.38
Retiree & 2 or more dependents on Basic Plan	\$1,909.00	\$38.18	\$1,947.18

PLAN/COVERAGE DESCRIPTION	2019 TO MONTH PREMIL	ILY M	ONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
HEALTH NET HMO PLAN - BASIC PLAN A				
Retiree on Basic Plan A	\$1,677	.56	\$33.55	\$1,711.11
Retiree & 1 dependent on Basic Plan A	\$3,355	12	\$67.10	\$3,422.22
Retiree & 2 or more dependents on Basic Plan A	\$5,032	.68	\$100.65	\$5,133.33
HEALTH NET HMO PLAN - BASIC PLAN B				
Retiree on Basic Plan B	\$1,166	.55	\$23.33	\$1,189.88
Retiree & 1 dependent on Basic Plan B	\$2,333	10	\$46.66	\$2,379.76
Retiree & 2 or more dependents on Basic Plan B	\$3,499	65	\$69.99	\$3,569.64
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN A				
Retiree on PPO Basic Plan A	\$2,340	40	\$46.81	\$2,387.21
Retiree & 1 dependent on PPO Basic Plan A	\$4,680	.80	\$93.62	\$4,774.42
Retiree & 2 or more dependents on PPO Basic Plan A	\$7,021	20	\$140.42	\$7,161.62
HEALTH NET CA & OOS PPO PLAN - BASIC PLAN B	•			
Retiree on PPO Basic Plan B	\$2,106	94	\$42.14	\$2,149.08
Retiree & 1 dependent on PPO Basic Plan B	\$4,213	.88	\$84.28	\$4,298.16
Retiree & 2 or more dependents on PPO Basic Plan B	\$6,320	82	\$126.42	\$6,447.24

2019 CONTRA COSTA COUNTY MONTHLY MEDICAL AND DENTAL PREMIUMS

PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUN	1			
For CCHP Plans	Retiree	\$46.06	\$0.92	\$46.98
	Retiree +1	\$104.04	\$2.08	\$106.12
	Retiree + 2 or more	\$104.04	\$2.08	\$106.12
For Health Net Plans	Retiree	\$46.06	\$0.92	\$46.98
	Retiree +1	\$104.04	\$2.08	\$106.12
	Retiree + 2 or more	\$104.04	\$2.08	\$106.12
For Kaiser Permanente Plans	Retiree	\$46.06	\$0.92	\$46.98
	Retiree +1	\$104.04	\$2.08	\$106.12
	Retiree + 2 or more	\$104.04	\$2.08	\$106.12
	Retiree	\$46.06	\$0.92	\$46.98
Without a Health Plan	Retiree +1	\$104.04	\$2.08	\$106.12
	Retiree + 2 or more	\$104.04	\$2.08	\$106.12
DELTA CARE (HMO)				
For CCHP Plans	Retiree	\$29.06	\$0.58	\$29.64
	Retiree +1	\$62.81	\$1.26	\$64.07
	Retiree + 2 or more	\$62.81	\$1.26	\$64.07
For Health Net Plans	Retiree	\$29.06	\$0.58	\$29.64
	Retiree +1	\$62.81	\$1.26	\$64.07
	Retiree + 2 or more	\$62.81	\$1.26	\$64.07
For Kaiser Permanente Plans	Retiree	\$29.06	\$0.58	\$29.64
	Retiree +1	\$62.81	\$1.26	\$64.07
	Retiree + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Retiree	\$29.06	\$0.58	\$29.64
	Retiree +1	\$62.81	\$1.26	\$64.07
	Retiree + 2 or more	\$62.81	\$1.26	\$64.07